

**NOTICE OF INTENT (NOI)**

for Storm Water Discharges Associated with Industrial Activity under the

TENNESSEE MULTI-SECTOR GENERAL PERMIT (TMSP)

Facility Name:	County:
Street Address or Location:	Latitude:
	Longitude:

Attach a copy of U.S.G.S. topographical map, a city map, or a county map, identifying the location of this facility.

Owner or Operator: (the person or legal entity which controls facility's operation; this may or may not be the same as the facility name or the official contact name)				
1	Official Contact Person Name: (Individual Responsible for a Facility)	Title or Position:		
	Mailing Address:	City:	State:	Zip:
	Phone: ()	E-mail:		
2	Local Contact Person Name: (if appropriate, write "same as #1")	Title or Position:		
	Facility Address: (this may or may not be the same as street address)	Facility City:	State: TN	Zip:
	Phone: ()	E-mail:		

Please write in the box (to the right) or circle the number next to the Official Contact Person or the Facility/Local Contact Person information (above) to indicate where you would like us to send invoices and correspondence:

Storm water runoff from facility enters following stream(s) and/or lake(s): (for each outfall, give names and stream miles)						Number of storm water outfalls:	
Nature of business:		SIC code(s): (primary code listed as No.1, secondary, if applicable, as No.2, etc.)					
		1.	2.	3.	4.	5.	6.
Area of property associated with industrial activity: Acres (area of facility property should <u>not</u> include recreation areas, landscaping, lawns, greenfields, forest, office buildings, employee parking lots, etc.)		Permit Sectors (STATE USE ONLY)					
Activities at facility: Check all that apply.							
01. ____ Manufacturing		05. ____ Vehicle Maintenance		09. ____ Wastewater treatment		13. ____ Coal Pile	
02. ____ Storage/Distribution		06. ____ Hazardous waste TSD		10. ____ Land application		14. ____ Borrow Pit or Soil Harvesting	
03. ____ Vehicle Storage		07. ____ Outside waste disposal		11. ____ Landfill		99. ____ Other_____	
04. ____ Trucking Terminal		08. ____ Recycling		12. ____ Mining operation			

CERTIFICATION AND SIGNATURE (Make all entries in ink, not with a pencil. This NOI must be signed by a responsible corporate officer for a corporation, a general partner for a partnership, the proprietor for a sole proprietorship, or a principal executive officer or ranking elected official for a public agency.)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations

Printed Name	Official Title	Signature	Date
If this NOI is submitted because of new operator or to update facility information (such as name of facility, new contact, E-mail address, etc.), please provide the existing permit tracking number:			

STATE USE ONLY

Received Date	Postmark	NOC Date	Tracking No.	EAC
Impaired Receiving Stream?	High Quality Water?	T & E Aquatic Fauna?	Fee	Reviewer

Submit the original of the completed and signed form to:
Storm Water NOI Processing
Tennessee Division of Water Pollution Control
6th Floor L&C Annex, 401 Church Street
Nashville, TN 37243-1534

Mining and Quarrying facilities only (Sectors J and H):
Storm Water NOI Processing – Mining Section
Tennessee Division of Water Pollution Control
3701 Middlebrook Pike, Suite 220
Knoxville, TN 37921-5602